

Family Planning Integration Through a Community-based Approach

Ihorombe Region, Madagascar

Fourth Quarterly Progress Report October – December 2006



Medical Care Development International

Project start date: January 1, 2006 **Project end date:** December 31, 2008

Project Location (Country and district): Madagascar, in the Districts of Ihosy, Iakora and Ivohibe

Primary contact person regarding this report: Dr Rija Fanomezana, Project Manager

Acronyms

ADB	African Development Bank
AEPA	Potable Water and Sanitation Project (Projet d’Alimentation en Eau Potable et Assainissement)
ASV	Village health worker (Agent de Santé Villageois)
BCC	Behavior Change Communication
BHC	Basic Health Center (Centre de Santé de Base)
CEP	Project Implementation Unit (Cellule d’Exécution de Projet)
CRS	Catholic Relief Services
CBD	Community-based distributor
CNLS	National AIDS Control Committee (Comité National de Lutte contre le SIDA)
CSTS	Child Survival Technical Services
DRS	Regional Department of Health (Direction Régionale de Santé)
DRSPF	Regional Department of Health and Family Planning
DSF	Director of Family Health (Directeur du Santé Familiale)
EPI	Expanded Program of Immunization
FF	Flexible Fund
FP	Family planning
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HPN	Office of Health, Population and Nutrition
IEC	Information, Education, Communication
IPQ	Improvement of Performance and Quality
ITN	Insecticide-treated Nets
KPC	Knowledge, Practice and Coverage survey
MCDI	Medical Care Development International
MINSANPF	Ministry of Health and Family Planning (Ministère de Santé et du Planning Familiale)
MOH	Ministry of Health
MSR	Ministry of Reproductive Health (Ministère de la Santé Reproductive)
NGO	Non-governmental Organization
PIP	Program Implementation Plan
PQI	Performance and Quality Improvement
PSI	Population Services International
RRI	Rapid Results Initiative
SSD	District Health Department (Service Sanitaire du District)
SSDPF	District Department of Health and Family Planning
SMS	Health-related Services (Service Médico-Sanitaire)
TA	Technical Animator
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VISA	Visit, Identify, Sensitize, Accompany

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Grantee name: MCDI **Grant number:** GSM-008

Grant activity Title: Family Planning Integration Through a Community-based Approach

Project start date: January 1, 2006 **Project end date:** December 31, 2008

Project location (country and district): Madagascar, Ihorombe Region, Districts of Ihosy, Iakora and Ivohibe

Primary contact person regarding this report: Dr. Rija Lalanirina Fanomezana, Project Manager

Reporting for the quartering ending: December 2006

1. Significant highlights/accomplishments of this quarter

The activities implemented by MCDI during the fourth quarter were primarily focused on: (1) the reinforcement of community activities through the deployment of community-based distributors (CBDs) and village health workers (ASVs) in the remaining project regions, and supervision visits to previously deployed ASVs; (2) the launch of Voahary Salama's activities according to the subgrant, and (3) the strengthening of STI/HIV/AIDS control activities in collaboration with the National Committee for AIDS Control and Voahary Salama.

Initiation of community-based activities and strengthening of sensitization activities

- Trained 90 ASVs from the Ivohibe District on basic communication and negotiation techniques, promotion of family planning, and the VISA approach
- Monitored 93 ASVs from Ihosy District
- Developed and distributed IEC tools and aids to the ASVs and the CBDs (use of mobile vans to distribute information about the different family planning methods, counseling cards, t-shirts and hats, badges for the ASVs and the CBDs, etc.)
- Conducted training-of-trainers for six technical animators on community-based distribution of family planning products, in order to reinforce the training that was carried out during the third quarter in collaboration with PSI (see *Third Quarterly Report*); finalized the CBD training module and aids for the technical animators.
- Trained 50 CBDs in the districts of Iakora and Ihosy

Implementation of activities to strengthen STI/HIV/AIDS control in collaboration with Voahary Salama and the National Committee for AIDS Control

- Training-of-trainers for the six technical animators on promoting AIDS control, with a focus on prevention messages and promotion of VCT services within the framework of prevention of mother-to-child transmission (PMTCT).
- Held coordination and planning meeting for STI/HIV/AIDS activities with MOH officials at the Ihorombe Regional Department of Health and Family Planning, the Ihosy District Department of Health and the Regional Committee for STI/HIV/AIDS Control.

- Trained 45 ASVs representing each of the six PMTCT facilities in Ihosy, on promoting STI/HIV/AIDS prevention messages and the use of VCT services.

Launch of Voahary Salama’s activities in accordance with the subgrant

- Finalized the contract with Voahary Salama
- Held meeting to identify two local Voahary Salama partner associations who will implement activities in support of family planning promotion in Ihorombe region.
- Training-of-trainers for the 12 members of the two local NGOs, on the promotion of family planning and the implementation of community-based distribution of family planning products.

Other accomplishments

- Supported the implementation of activities for National Mother and Children’s Health Week
- Participated in the national coordination meeting on family planning.
- Participated in the International Conference of Community Health in Africa in Addis Ababa, Ethiopia, co-organized by UNAIDS, WHO, the World Bank, and UNICEF.
- Participated in the training on Performance and Quality Improvement (PQI) organized by SantéNet Madagascar.
- Participated in a training-of-trainers in adult education and finalized tools and IEC training curricula within the Champion Community framework, organized by SantéNet Madagascar.
- Conducted site visits and exchanges in Betioky Sud district.
- Finalized the proposal for implementation of the Champion Community approach in Ihorombe region, and submitted the final proposal to SantéNet.

2. Obstacles or challenges that are having a negative impact on the implementation of the grant activity

Problems of Access: During the fourth quarter, the main constraint MCDI faced concerned access to communities. With the start of Madagascar’s rainy season in November, access to several communities, including the districts of Ivohibe and Iakora and some of the communities in Ihosy was severely limited. As such, field visits to deploy CBDs and monitor ASVs were limited in these communities.

Presidential Election in Madagascar: The presidential election in Madagascar and the political atmosphere it created during the month of December limited the ability to hold meetings and conduct training sessions with community-level partners. To avoid the appearance that trainings or meetings were politically motivated, MCDI preferred to manage the field visits and meetings with local community partners.

3. Status of activities as compared with the agreed-to work plan

During the last quarter of this first year of implementation, of the activities listed in the PIP work plan, only the activities to improve service provision in Basic Health Centers have not been

completed to date. These activities include the capacity building of family planning service providers at basic health centers (BHCs), and the strengthening of supervision through the introduction of the Performance and Quality Improvement (PQI) approach in collaboration with SantéNet. During this first year, MCDI specifically focused on the implementation and/or the re-launch of all community-level activities. However, MCDI and SantéNet have begun to introduce the PQI approach through the training of technical managers at the three District Departments of Health and Family Planning (Ihosi, Iakora and Ivohibe), the Regional Department of Health and Family Planning and MCDI managers. With the consensus of SantéNet, MCDI plans to introduce the PQI approach at BHCs during the first quarter of 2007. This will occur within the framework of launching the Champion Community approach in all communities in Ihorombe.

4. Quarterly Technical Report Work plan Table

(Please refer to Appendix 1 for the work plan table).

5. Comparison of expected estimated budgeted cumulative USAID project expenditures to-date with the actual cumulative expenditures:

(a) Total Life-of-Project Budget (USAID funded portion): **\$ 485,000**

(b) Expected estimated budgeted cumulative project expenditures through the end of this quarter as per the grant budget: **\$183,930**

(c) Actual cumulative USAID funded project expenditures to-date: **\$140,164**

(d) Subtract (c) from (b): **\$43,766**

(e) Divide (d) by (b) and express as a percent: **24%**

If (e) is more than 15% please briefly explain the reasons for the variance (Describe why the cumulative expenses as per the plan vary widely from the actual cumulative expenditures):

Expenditures are still lagging slightly below expected levels due to in part to the delayed launch of subcontractor Voahary Salama's activities (as the contract was finalized in the previous quarter and activities were thus only launched this past quarter), and also due to the delayed launch of the Champion Community approach in collaboration with SantéNet. The Champion Community approach contract has now been finalized and activities are expected to begin later this quarter.

Certification:

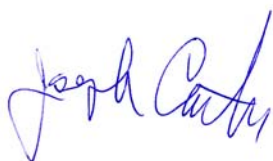
I certify that the above information is accurate and correct.

Joseph Carter

Director

Grantee's Authorized Official Name (Printed)

Title



Signature

February 8, 2007

Date

APPENDICES

APPENDIX 1

USAID PVO/NGO FAMILY PLANNING & REPRODUCTIVE HEALTH

Quarterly Report Table¹

Quarter covered by report: October 1, 2006 to December 31, 2006

MAJOR ACTIVITIES PLANNED FOR PREVIOUS QUARTER		ACTIVITY COMPLETED?		FACTORS/COMMENTS IF ACTIVITY NOT COMPLETED	MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER
		YES	NO		
KNOWLEDGE AND INTEREST (R1)					
Improve distribution of tools (BCC/IEC and promotional tools/materials), both to community partners and to BHCs.		In progress		<p>During this fourth quarter, MCDI has developed and produced various BCC/IEC tools for community-level partners, such as counseling cards, t-shirts, hats and other visual aids, which will serve as demonstration tools for both the ASVs and the CBDs. The t-shirts and hats will be given to ASVs, CBDs, technical animators and FP service providers at BHCs.</p> <p>For the ASVs and CBDs whose initial training took place this quarter, counseling cards were distributed at the end of each initial FP training sessions. As for the ASVs and CBDs who had been trained during the previous quarters, MCDI and the district departments of health are still in the process of distributing BCC/IEC tools to these groups.</p> <p>To facilitate the implementation of sensitization and village distribution activities, and to motivate community workers, MCDI developed a badge for each ASV and CBD, which is signed by the regional health director and attests to the affiliation of these community partners with the public health system. These badges are also still being distributed.</p> <p>The FF/FP project received an allotment of 100 “Facts for Life” books from UNICEF. Each of the BHCs in the three intervention districts and each MCDI technical animator were given a copy of this book to help them master the key messages for maternal and child health, specifically related to family planning.</p>	Explore with the MOH other BCC/IEC family planning tools for the local actors (community and facility health workers) and continue to distribute them.

MAJOR ACTIVITIES PLANNED FOR PREVIOUS QUARTER	ACTIVITY COMPLETED?		FACTORS/COMMENTS IF ACTIVITY NOT COMPLETED	MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER
	YES	NO		
			In addition, as part of the implementation of the Champion Community approach in Ihorombe, the project received sensitization guides and tools from SantéNet/USAID for the technical animators and the community animators. These tools will be distributed during the launch of the Champion Community approach.	
				Develop/adapt radio spots on FP promotion and STI/HIV/AIDS and broadcast on local radio stations
Strengthen/carry out monitoring and supervision of ASVs.		In progress	This activity was interrupted by the heavy rains which limited access to the villages (<i>see section on the obstacles and challenges faced during implementation</i>).	Strengthen/carry out monitoring and supervision of ASVs.
				Implement Champion Community Approach in 19 Ihosy communities.
IMPROVED QUALITY (R2)				
Advocate at the Department of Family Health for accelerating delivery of equipment to the two BHCs that are not yet FP sites.		X	This activity will be included in the implementation of the Performance and Quality Improvement (PQI) approach, which will be coupled with the launch of the Champion Community approach. Implementation of the PQI approach will be carried out in direct collaboration with SantéNet and the MOH, and includes a Health Facility Assessment of each health facility covering performance and quality of services, followed by technical and logistical capacity building.	Implement the PQI approach in 33 BHCs
Train the 31 health workers in providing quality family planning services at BHCs (BCC, clinical FP, management of information, stock management, use of management tools, management of community-based distribution) and on STI/HIV/AIDS prevention.		X	This activity will be implemented within the framework of the PQI approach.	Train the 31 health workers in providing quality family planning services at BHCs (BCC, clinical FP, management of information, stock management, use of management tools, management of community-based distribution) and on STI/HIV/AIDS prevention.

MAJOR ACTIVITIES PLANNED FOR PREVIOUS QUARTER	ACTIVITY COMPLETED?		FACTORS/COMMENTS IF ACTIVITY NOT COMPLETED	MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER
	YES	NO		
				Ensure regular and adequate supply of contraceptives for 33 BHCs and CBDs
INCREASED ACCESS (R3)				
Advocate at the Department of Family Health for accelerating delivery of equipment to the two BHCs that are not yet FP sites.		X	<i>See first activity in R2.</i>	
Train 90 CBDs on counseling and promotion of FP, and community-based distribution based on social marketing and client follow-up and referral.	In progress		This activity was interrupted by the constraints tied to the presidential election and the problem of access due to poor weather conditions (<i>see the section on constraints and challenges</i>).	Train 40 CBDs on child spacing, counseling and promotion, community-based sales, social marketing, patient follow-up, referral, and communication skills for the prevention of STI/HIV/AIDS.
IMPROVED SOCIAL AND POLICY ENVIRONMENT (R4)				
Finalize the subgrant mechanism for Voahary Salama	X			
Train members of Voahary Salama on the promotion of FP.	X		The members of Voahary Salama who are represented by the technical personnel from the two local associations (FIFAHO and ACADEVI) were trained on the promotion of FP and the implementation of community-based distribution activities.	
Introduce the VISA approach to support the sustainability of activities and impacts in 12 communities.	X			
Finalize the agreement protocol with PSI/ Madagascar to ensure that CBDs are supplied with FP products and to implement a cost-recovery mechanism to motivate CBDs.	X		PSI provided the CBDs with start-up kits consisting of 237 display cases of Protectors Plus, 576 cases of Palustop, 2,370 bottles of Sur'Eau® purified water, and 1,185 LLITNs. This supply falls within the quota for the implementation of the Champion Community approach in Ihorombe.	

APPENDIX 2 – Additional Information

Initiation of community-based activities and strengthening of sensitization activities

- ***Deployment and training of 90 ASVs in Ivohibe District in basic communication and negotiation techniques, promotion of FP and the VISA approach:*** This activity was conducted with the aim of expanding community-level activities in Ivohibe, the only district of the three Ihorombe districts which did not yet have community health workers trained to promote FP. The 90 ASVs cover nearly all of the Fokontany/villages in the district. The training of these ASV was conducted in three groups.

Breakdown of ASVs deployed and training in FP promotion

Group	Commune	# of ASV trained	Trainers
1	Ivohibe	36 (of whom 22 came from Ivohibe and 14 from Ivongo)	MCDI, TAs, and head BHC
2	Maropaika	32 (of whom 18 came from Maropaika village center, 8 from Antanandava and 6 from Ranomena Bekininy)	MCDI, TAs, and head BHC
3	Tambohobe	22 ASV (of whom 14 came from Tambohobe and 8 from Kotipa)	MCDI, TAs, and head BHC
TOTAL		90	

- ***Supervision of 93 ASV from Ihosy District:*** As a component of strengthening community activities, these supervisory visits can be divided into individual supervisory visits, village level visits, and group supervision that took place during ASV training sessions. The goal of these visits is to identify/understand on the job the level of progress achieved toward the implementation of sensitization activities in the Fokontany. Conducted by the technical animators with assistance from a pre-selected guide, these supervisory visits also seek to identify the constraints/obstacles encountered by the ASV and health facility personnel in promoting key FP messages, implementing the VISA approach, collaborating with local partners (facility personnel, local authorities, other ASV and community workers, etc.), and to jointly identify appropriate solutions. Furthermore, these visits, which are focused on providing technical assistance to the ASVs, also provide an opportunity to encourage/motivate them, and to update their technical knowledge in the area of FP promotion. The table below summarizes the supervisory activities carried out during this quarter.

Breakdown of the ASV who received supervisory visits

Communes	# of ASV supervised		
	Individual supervisory visits	Group supervisory visits	Total
Ambia	7		7
Analaliry	4		4
Analavoka		9	9
Andiolava		6	6
Ankily	6		6
Ihosi		21	21
Ilakaka be	5		5
Irina	6		6
Mahasoa		13	13
Ranohira		12	12
Sahambano	2		2
Sakalalina		2	2
TOTAL	30	63	93

(*) Group visits were carried out during the STI/HIV/AIDS-PMTCT training.

In general, supervisory visits revealed that the majority of ASVs deployed are promoting FP messages through home visits and through group sensitization. The collaboration between ASVs and local authorities (especially mayoral authorities) and health facility personnel appears to be beneficial. The third of ASVs visited have begun implementing the VISA approach which consists primarily of **V**isiting 5 mothers/women of reproductive age (WRA), **I**dentifying with them the problems/constraints to FP use as well as the appropriate solutions, fully **S**ensitizing them to quickly make behavior changes supportive of FP, and **A**ccompanying them in adopting the key FP behaviors. The supervisory visits revealed that each ASV who implements the VISA approach applies it to three other mothers/WRA on average. Apart from the death of one of the animators in the commune of Analaliry, no ASVs have dropped out to date.

- **Training-of-trainers conducted for the 6 technical animators on community-based distribution of family planning products, and finalization of the training module for technical animators:** This session was conducted with the support of the commune authority for Betioky Sud and the Toliara Region Child Survival Project (TREIP, funded by USAID and implemented by MCDI). Its goal was to finalize the CBD training module and to familiarize the 6 technical animators with the module. Based on the PSI/Madagascar training module and the TREIP module, this training module for technical animators to train CBDs was adapted and finalized to best meet the learning needs of community workers. It includes the following topics: refresher on male and female genital anatomy, promotion of FP including the different methods (basic principles, indications and side effects), use of community FP logical framework, registration of BHCs for procurement of FP products, use of management tools, reporting and the roles and responsibilities of the CBDs.
- **Deployment and training of 50 CBDs in the districts of Iakora and Ihosi :** This training of CBDs follows two training-of-trainers sessions for the 6 technical animators. This 3-day training was carried out in 4 groups.

Breakdown of CBDs deployed and trained

Group	Commune	# of CBDs trained	Trainers	Funded by
1	Menamaty Iloto	5	Head BHC Menamaty Iloto	UNFPA
2	Ihosity Centre	13 (11 from Ihosity and 2 from Sahambano)	MCDI, TAs, District Health Department technical manager, Head BHC	MCDI/FF
3	Zazafotsy	15	MCDI, TAs, District Health Department technical manager, Head BHC	MCDI/FF
4	Iakora	17	MCDI, TAs, District Health Department technical manager, Head BHC	MCDI/FF
TOTAL		50		

To ensure the supply of FP products for CBDs, MCDI signed a partnership agreement with the three District Health Departments (Iakora, Ivohibe and Ihosity), authorizing/facilitating the procurement mechanism from the public BHCs. The products are essentially Lofémenal® and condoms. At the conclusion of the CBD training, a contract governing the modalities of FP product procurement by CBDs was signed with each CBD and the Head BHC. The signing of this contract allows CBDs to obtain a start-up kit with oral contraceptives and condoms, and to regularly procure from their respective BHC. Apart from this agreement, MCDI also received a start-up kit from PSI which included 237 cases of condoms.

Implementation of STI/HIV/AIDS control activities in collaboration with Voahary Salama and the National Committee for AIDS Control

This activity was primarily focused on strengthening the six PMTCT¹ sites in Ihosity through mobile screening sessions in villages, and promotion of messages in support of VCT through the involvement of ASVs.

- ***Held a meeting to coordinate and plan STI/HIV/AIDS control activities with health authorities at the Regional Department of Health and Family Planning Ihorombe (DRSPF), the Ihosity District Health Department, and the Regional Committee for STI/HIV/AIDS Control:*** with the participation of two program officials from the DRSPF, two officials from the Ihosity District Health Department, six BHC heads from the PMTCT sites and one representative from MCDI, this meeting served to identify PMTCT sites experiencing problems, and to plan capacity building activities at these sites including the training of community partners and mobile screening trips. MCDI received an allotment of 1,000 Oraquick®² kits from the National Committee for AIDS Control, which were distributed to the six PMTCT sites in Ihosity.

¹ The six PMTCT sites are in Ihosity, Ranohira, Mahasoia, Analavoka, Andiolava and Sakalalina. Besides HIV testing, they are specifically responsible for promoting the prevention of mother-to-child transmission through systematic testing and case management of pregnant and breastfeeding women. These sites are established by the National Program for STI/HIV/AIDS Control, and are under the direct responsibility of the National Committee for AIDS Control (CNLS).

² Oraquick: HIV/AIDS testing kit which detects the presence of HIV antibodies in saliva. It is the kit currently supplied by the CNLS and recommended for use during mobile testing.

- **Conducted training-of-trainers for the 6 technical animators on promoting STI/HIV/AIDS control, with a focus on prevention messages and on encouraging use of VCT services:** With the technical support of Voahary Salama, this one-day training session focused on promoting basic STI/HIV/AIDS prevention messages and VCT.
- **Conducted training of 63 ASV from the six PMTCT sites in Ihosy on promoting STI/HIV/AIDS prevention messages and encouraging use of VCT services:** Conducted in 4 groups, this training constituted an opportunity to monitor a group of the ASVs. The following table depicts the distribution of trained ASVs for each PMTCT site.

Breakdown of ASVs trained on prevention of STI/HIV/AIDS and promotion of VCT

Group	Commune	# of ASV trained	Trainers
1	Ihosy	23 (of whom 21 from Ihosy and 2 from Sakalalina)	MCDI TA, Head BHC
2	Mahasoa	13	MCDI TA, Head BHC
3	Analavoka	9	MCDI TA, Head BHC
4	Ranohira	18 (of whom 12 from Ranohira and 6 from Andiolava)	MCDI TA, Head BHC
TOTAL		63	

Launch of Voahary Salama's activities in accordance with the subgrant

- **Finalization of the contract with Voahary Salama:** With the finalization of the contract, Voahary Salama received the first allotment of the subgrant, which was raised to \$15,000, and began implementing activities in support of FP promotion. Through the mutual agreement, Voahary Salama will use this initial allocation of funds toward building the capacity of NGOs and local associations in the area of family planning promotion, and toward the deployment of CBDs through a network of associations. These CBDs, to be deployed by Voahary Salama, are in Fokontany/villages situated more than 10 km from BHCs and in areas where none have yet been deployed. The supervision and monitoring of these CBDs will be carried out by Voahary Salama in collaboration with MCDI.
- **Held meeting to identify two local associations to partner with Voahary Salama:** Twenty-five associations working in the Ihorombe region participated in this meeting. The objective of the meeting was to make a rapid and synoptic analysis of each association in order to select the two organizations to be the key partners of Voahary Salama and MCDI in implementing activities in support of FP promotion in Ihorombe. At the outcome of this meeting, the two associations retained were FIFAHO (Fikambanana Fampandrosoana han'ny Horombe³) and l'Association des Cadres pour le Développement d'Ihorombe (Ihorombe Association of Development Executives) or ACADEVI⁴.

³ FIFAHO: The Ihorombe Development Association was established in 2001 and is composed of 38 members divided among all the communities in the Ihorombe region. FIFAHO's principal missions are (a) organizational and material support for the community, (b) building the capacity of authorities and members of the base organizations in each commune, (c) education, information, and communication for promoting and sensitizing the target populations involved in development.

⁴ ACADEVI: Created in 2002, ACADEVI is comprised of a multidisciplinary leadership from throughout the Ihorombe region. ACADEVI is focused mainly in the fields of environment and health.

- ***Conducted training-of-trainers for 12 members of the two local associations on promotion of FP, and implementation of community-based distribution and sales activities for FP products:*** In order to render the two associations operational, Voahary Salama and MCDI organized a 3-day training-of-trainers session for the 12 technical members of the two associations. This session was similar to the one given to the six MCDI technical animators.

Other accomplishments:

- ***Supported the implementation of National Mother and Child Health Week :*** MCDI participated at two levels: (1) at the national level (MCDI participated in the official launch in Mahajanga province through the manufacturing of 300 t-shirts and through participation in the official launch ceremony); and, (2) at the local level in Ihorombe region through logistical and human resource support in organizing and implementing activities for the national campaign, including the distribution of vitamin A and anti-malarials to children and campaign sensitization activities. The six MCDI technical animators along with the BCC Coordinator worked alongside the Ihosy District Health Department team during the national campaign.
- ***Participated in the national coordination meeting on Family Planning:*** Organized by the Minister of Health and financed by SantéNet, the objectives of the meeting were: (1) to coordinate all interventions in the area of FP promotion by both private partners and the various levels of the Ministry of Health and Family Planning; and, (2) to solicit recommendations in support of FP efforts.
- ***Participated in the International Conference on Community Health in Africa in Addis Ababa, Ethiopia, co-organized by UNAIDS, WHO, the World Bank, and UNICEF:*** The conference brought together delegates from African countries and included representatives from Ministries of Health, representatives from organizations partnered with Ministries of Health, and representatives from the beneficiary communities. The conference's objectives were to: (1) share experiences in the area of community health, specifically on: community health financing, on the role that the community must play in the prevention of HIV, on community participation in health promotion, on the interface between community health service providers, and on the WHO health report for the African Region; and (2) to produce a declaration in support of community health, with the aim of increasing community participation in health and development. During this conference, Madagascar was represented by a delegation composed of one representative from MCDI and one representative from the Department of Health Promotion from the Ministry of Health and Family Planning. This delegation was entirely supported by UNICEF.

GSM Reporting Form #3

Report of Expenditures

Grantee Name: MCDI

Grant Number: GSM-008

Reporting Quarter Dates: From: October 2006 to December 2006

Budget Line Items	World Learning Provided Funds					Cost Share / Match Contribution		
	(a)	(b)	(c)	(d) = b + c	(e) = a - d	(f)	(g)	(h) = prev. + (g)
	Approved Budget*	Previously Reported Expenditures	Expenditures This Period	Cumulative Expenditures To Date	Budgeted Funds Remaining	Original Estimated Total Contribution*	Contributions Consumed This Period	Cumulative Contribution
Personnel	\$ 118,347	\$ 23,710	\$ 12,153	\$ 35,863	\$ 82,484	\$ -	\$ 53,565	\$ 77,799
Fringe Benefits	\$ 20,869	\$ 1,793	\$ 719	\$ 2,511	\$ 18,358	\$ -	\$ 10,538	\$ 18,189
Consultants	\$ 28,928	\$ 283		\$ 283	\$ 28,645	\$ -	\$ 17,219	\$ 17,219
Travel & Transportation	\$ 21,701	\$ 4,723	\$ 2,256	\$ 6,978	\$ 14,723	\$ -	\$ 16,104	\$ 25,922
Equipment & Supplies	\$ 33,713	\$ 21,619	\$ 2,612	\$ 24,231	\$ 9,482	\$ 89,000	\$ 1,566	\$ 9,466
Other Direct Costs	\$ 46,903	\$ 8,707	\$ 1,791	\$ 10,497	\$ 36,406	\$ 143,000	\$ 65,977	\$ 72,408
Program Activities	\$ 49,943	\$ 9,461	\$ 6,123	\$ 15,584	\$ 34,359	\$ 105,000	\$ -	\$ 3,838
Sub-grants	\$ 60,000	\$ -	\$ 15,767	\$ 15,767	\$ 44,233	\$ -	\$ -	\$ -
Sub-total Direct Costs	\$ 380,403	\$ 70,295	\$ 41,421	\$ 111,716	\$ 268,687	\$ 337,000	\$ 164,969	\$ 224,842
Indirect Costs	\$ 104,597	\$ 19,661	\$ 8,788	\$ 28,450	\$ 76,147	\$ -	\$ 391	\$ 391
								\$ -
TOTAL	\$ 485,000	\$ 89,955	\$ 50,209	\$ 140,164	\$ 344,836	\$ 337,000	\$ 330,328	\$ 390,201

We, the undersigned members of the Financial Management of MCDI certify that the above information is correct and that all expenditures have been made in accordance with the terms of the Grant Agreement.

Director

Joseph Carter

Name

(Signature)

Administrator:

Henry Stahler

Name

(Signature)

Date submitted:

2/5/2007